

POSITION	ID NO.	DATE
CLASSIFIER		12-21-94
EXAMINER	410	2/1/95
TYPIST	554	10-12-95
VERIFIER		
CORPS CORR.		
SPEC. HAND	422	6/12
FILE MAINT.	442	2/15/95
DRAFTING		

INDEX OF CLAIMS

BEST AVAILABLE COPY

Claim	Original	Date
1	108	1-1-95
2	X	4/11/94
3	N	12-21-94
4		4/2-21-94
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SYMBOLS

- ✓ Rejected
- = Allowed
- (Through number) Cancelled
- + Restricted
- N Non-elected
- Interference
- A Appeal
- O Objected

Claim	Date
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